| Fill | in this in | formation to identify your case: | | |
|------|------------------|---|-------------|-----------------------------------|
| | otor 1 | Staci Latrece Norwood | | |
| Dec | 3101 1 | First Name Middle Name Last Name | | |
| Deb | otor 2 | Harold Jerrod Norwood, Jr. | | |
| (Spo | ouse if, filing) | First Name Middle Name Last Name | | |
| Uni | ted States | Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI | | |
| Cas | se numbe | • | | |
| 1 | nown) | | ☐ Chec | ck if this is an |
| | | | amei | nded filing |
| | | | | |
| Of | ficial | Form 106Sum | | |
| | | y of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| | | ete and accurate as possible. If two married people are filing together, both are equally responsible for | or supplyi | |
| info | rmation. | Fill out all of your schedules first; then complete the information on this form. If you are filing amend | | |
| you | r orıgınal | forms, you must fill out a new Summary and check the box at the top of this page. | | |
| Par | t 1: Su | mmarize Your Assets | | |
| | | | Your | assets |
| | | | Value | of what you own |
| 1. | Schedu | le A/B: Property (Official Form 106A/B) | | |
| | | y line 55, Total real estate, from Schedule A/B | \$ | 120,000.00 |
| | 1b. Cop | y line 62, Total personal property, from Schedule A/B | \$ | 21,145.00 |
| | 1c. Cop | y line 63, Total of all property on Schedule A/B | \$ | 141,145.00 |
| Par | t 2: Su | mmarize Your Liabilities | | |
| | | | | |
| | | | | l iabilities nt you owe |
| | | | 7 | , o u o o |
| 2. | | le D: Creditors Who Have Claims Secured by Property (Official Form 106D) y the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 136,393.39 |
| 3. | | le E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ | 240.00 |
| | | y the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | · — | |
| | 3b. Cop | y the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 64,816.13 |
| | | | | |
| | | Your total liabilities | \$ | 201,449.52 |
| | | | | |
| Par | t 3: Su | mmarize Your Income and Expenses | | |
| 4. | Schedu | le I: Your Income (Official Form 106I) | | |
| | | our combined monthly income from line 12 of Schedule I | \$ | 4,165.98 |
| 5. | Schedu | le J: Your Expenses (Official Form 106J) | | |
| | | our monthly expenses from line 22c of Schedule J | \$ | 3,955.00 |
| Par | t 4: An | swer These Questions for Administrative and Statistical Records | | |
| 6. | Are voi | ı filing for bankruptcy under Chapters 7, 11, or 13? | | |
| 0. | • | You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other so | chedules. |
| | ■ Ye | S | | |
| 7. | What k | nd of debt do you have? | | |
| | | ur debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for usehold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a persona | l, family, or |
| | | ur debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this court with your other schedules. | s box and | submit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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| Debtor 1 Debtor 2 | Staci Latrece Norwood Harold Jerrod Norwood, Jr. | Case number (if known) | |
|----------------------|---|------------------------|----------------|
| | n the Statement of Your Current Monthly Income: Cop 1-1 Line 11: OR, Form 122B Line 11: OR, Form 122C-1 Li | | \$ 5,587.35 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 240.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 45,909.20 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 46,149.20 |

| Deh | or 1 | Staci Latrec | e Norwood | | | | | |
|------|--|-----------------------------------|----------------------|-------------|---|--|---|---|
| - 00 | _ | First Name | | e Name | Last Name | | | |
| | _ | | od Norwood, Jr. | | | | | |
| Spou | se, if filing) | First Name | Middle | e Name | Last Name | | | |
| nit | ed States Bankr | uptcy Court for | the: SOUTHER | RN DISTR | RICT OF MISSISSIPPI | | | |
| as | e number | | | | | | | ☐ Check if this is an amended filing |
| | | | | | | | | |
|)ff | icial Forn | า 106A/E | 3 | | | | | |
| SC | hedule | A/B: Pi | roperty | | | | | 12/15 |
| art | er every question 1: Describe Each | h Residence, B | uilding, Land, or Ot | ther Real I | is form. On the top of any additional page Estate You Own or Have an Interest In ence, building, land, or similar property? | , , | | |
| _ | | ,g | • | , | ,, | | | |
| _ | No. Go to Part 2. | | | | | | | |
| | | | | | | | | |
| | Yes. Where is the | e property? | | | | | | |
| | Yes. Where is the | e property? | | | | | | |
| | Yes. Where is the | e property? | | What | io the property? Charled the carely | | | |
| | | | | What i | is the property? Check all that apply | Do not doduce | 4 accounted alo | simo ar augmentione Dut |
| | Yes. Where is the 404 W Ray D Street address, if av | r | scription | | Single-family home | the amount of | f any secured | nims or exemptions. Put d claims on <i>Schedule D</i> : |
| | 404 W Ray D | r | scription | | | the amount of | f any secured | |
| | 404 W Ray D | r | scription | | Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of | f any secured | d claims on Schedule D: |
| | 404 W Ray D Street address, if av | r ailable, or other des | | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amount of | f any secured o Have Clain | d claims on Schedule D: ns Secured by Property. Current value of the |
| | 404 W Ray D Street address, if av | r ailable, or other des MS | 39402-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | the amount of Creditors Who | f any secured o Have Clain e of the rty? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| | 404 W Ray D Street address, if av | r ailable, or other des | | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | the amount of Creditors Who Current value entire proper \$120 | f any secured on Have Claim e of the rty? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$120,000.00 |
| | 404 W Ray D Street address, if av | r ailable, or other des MS | 39402-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | the amount of Creditors Who Current value entire proper \$120 Describe the | f any secured of Have Clain e of the ety? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$120,000.00 our ownership interest |
| | 404 W Ray D Street address, if av | r ailable, or other des MS | 39402-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | the amount of Creditors Who Current value entire proper \$120 Describe the | f any secured of Have Clain e of the tty? ,000.00 nature of ye simple, tens | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$120,000.00 our ownership interest |
| | 404 W Ray D Street address, if av | r ailable, or other des MS | 39402-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Current value entire proper \$120 Describe the (such as fee | f any secured of Have Clain e of the tty? ,000.00 nature of ye simple, tens | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$120,000.00 our ownership interest |
| | 404 W Ray D Street address, if av | r ailable, or other des MS | 39402-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current value entire proper \$120 Describe the (such as fee | f any secured of Have Clain e of the tty? ,000.00 nature of ye simple, tens | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$120,000.00 our ownership interest |
| | 404 W Ray D Street address, if av Hattiesburg City | r ailable, or other des MS | 39402-0000 | Whoh | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only | Current value entire proper \$120 Describe the (such as fee a life estate), | f any secured of Have Clain e of the ety? ,000.00 nature of yesimple, tena, if known. | Current value of the portion you own? \$120,000.00 our ownership interest ancy by the entireties, o |
| | 404 W Ray D Street address, if av Hattiesburg City Lamar | r ailable, or other des MS | 39402-0000 | Who h | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current value entire proper \$120 Describe the (such as fee a life estate), | e of the rty? ,000.00 nature of y simple, tend, if known. | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$120,000.00 our ownership interest |
| | 404 W Ray D Street address, if av Hattiesburg City Lamar | r ailable, or other des MS | 39402-0000 | Who h | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other as an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current value entire proper \$120 Describe the (such as fee a life estate), | e of the rty? ,000.00 nature of y simple, tend, if known. | Current value of the portion you own? \$120,000.00 our ownership interest ancy by the entireties, o |
| .1 | 404 W Ray D Street address, if av Hattiesburg City Lamar | r ailable, or other des MS | 39402-0000 | Who h | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other as an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this it | Current value entire proper \$120 Describe the (such as fee a life estate), | e of the rty? ,000.00 nature of y simple, tend, if known. | Current value of the portion you own? \$120,000.00 our ownership interest ancy by the entireties, o |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debto | | larold Jerro | e Norwood od Norwood, Jr. | | Case number (if known) | |
|--|--------------------------------------|---|---|--|---------------------------------------|---|
| 3. C aı □ N ■ \ | No . | , trucks, trac | tors, sport utility ve | hicles, motorcycles | | |
| 3.1 | Make: | Nissan Altima | | Who has an interest in the property? Check one Debtor 1 only | the amount of any | red claims or exemptions. Put secured claims on <i>Schedule D:</i> e Claims Secured by Property. |
| ı | | 2013 mate mileage: formation: | 81059 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Current value of the entire property? | ne Current value of the portion you own? |
| | | | | ☐ Check if this is community property (see instructions) | \$8,775. | 98,775.00 |
| 3.2 | | GMC Yukon 2004 mate mileage: formation: | 173224 | Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | the amount of any | red claims or exemptions. Put secured claims on <i>Schedule D:</i> e <i>Claims Secured by Property.</i> ne |
| | | | | ☐ Check if this is community property (see instructions) | \$5,715. | \$5,715.00 |
| 3.3 | Make: Model: Year: Approxir | Mercury Grand Ma 2000 mate mileage: | arquis 201378 | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | the amount of any | red claims or exemptions. Put secured claims on <i>Schedule D:</i> e Claims Secured by Property. The Current value of the portion you own? |
| | Other int | formation: | | ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) | \$1,710. | 00 \$1,710.00 |
| Exa In the second of the seco | mples: B | oats, trailers, | motors, personal wa | d other recreational vehicles, other vehicles tercraft, fishing vessels, snowmobiles, motorcy | cle accessories | \$16,200.00 |
| | | | | that number here | => | \$16,200.00 |
| | | | nal and Household Ite egal or equitable in | ems terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ex | amples: No | goods and f Major applian | urnishings ces, furniture, linens | , china, kitchenware | | |
| | | | Household Goo | ds | | \$1,500.00 |

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| Debtor Debtor | | e Norwood d Norwood, Jr. | Case number (if known) | |
|------------------------|--|---|---|----------------------------|
| □ No | nples: Televisions a including cell | nd radios; audio, video, stereo, and digital equipmonth phones, cameras, media players, games | ent; computers, printers, scanners; music collec | ctions; electronic devices |
| | | Electronics | | \$1,000.00 |
| Exar ■ No | other collecti | figurines; paintings, prints, or other artwork; books ons, memorabilia, collectibles | , pictures, or other art objects; stamp, coin, or b | paseball card collections; |
| 9. Equi Exar | oment for sports a nples: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bic | ycles, pool tables, golf clubs, skis; canoes and | kayaks; carpentry tools; |
| | | Sports Equipment - no individual item w | orth more than \$200.00 | \$750.00 |
| | amples: Pistols, rifles | s, shotguns, ammunition, and related equipment 3 Guns - no individual item worth more to | han \$200.00 | \$500.00 |
| | amples: Everyday cl | othes, furs, leather coats, designer wear, shoes, ac | cessories | |
| | | Clothing | | \$750.00 |
| | amples: Everyday je | welry, costume jewelry, engagement rings, weddin | g rings, heirloom jewelry, watches, gems, gold, | silver |
| | | Jewelry | | \$200.00 |
| Exa | n-farm animals namples: Dogs, cats, o es. Describe | birds, horses | | |
| | | 1 dog | | \$200.00 |
| ■ No | - | d household items you did not already list, incl | uding any health aids you did not list | |

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| Debtor 1 Debtor 2 | Harold Jerro | | | | Case number (if known) | |
|----------------------|--|------------|--|---|--|---|
| | | | | Part 3, including any en | ntries for pages you have attached | \$4,900.00 |
| Part 4: Da | escribe Your Financ | cial Asset | łs | | L | |
| | | | | in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | | | • | home, in a safe deposit bo | ox, and on hand when you file your petitio | n |
| | | | | | Cash | \$45.00 |
| Exam □ No | | | | ecounts; certificates of dep nts with the same institutio Institution name: | | ouses, and other similar |
| | | 17.1. | Checking | Regions | | \$0.00 |
| | | 17.2. | Checking | Regions | | \$0.00 |
| | | 17.3. | Savings | Regions | | \$0.00 |
| Exam | | | cly traded stocks ent accounts with b | orokerage firms, money m | narket accounts | |
| ■ No □ Yes. | | | Institution or issue | er name: | | |
| | oublicly traded stoventure | ock and | interests in incor | porated and unincorpor | rated businesses, including an interest | in an LLC, partnership, and |
| | . Give specific info | | about them me of entity: | | % of ownership: | |
| Nego | tiable instruments | include p | personal checks, c | gotiable and non-negotion ashiers' checks, promisson transfer to someone by sign | ory notes, and money orders. | |
| ■ No □ Yes. | . Give specific info | | about them uer name: | | | |
| _Exam | ment or pension oples: Interests in I | accoun | ts | , 403(b), thrift savings acc | counts, or other pension or profit-sharing p | olans |
| □ No ■ Yes | . List each accoun | | tely. of account: | Institution name: | : | |
| | | | | _401(k) | | Unknown |

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| Debtor 1 Debtor 2 | Harold Jerrod Norwood, J | r. (| Case number (if known) | |
|----------------------|--|---|----------------------------------|---|
| Your s Exam | | ave made so that you may continue service or use fro repaid rent, public utilities (electric, gas, water), telect | | , or others |
| ■ No □ Yes. | | Institution name or individual: | | |
| _ | ties (A contract for a periodic payn | nent of money to you, either for life or for a number of | years) | |
| ■ No □ Yes. | Issuer name and d | escription. | | |
| | sts in an education IRA, in an acc .C. §§ 530(b)(1), 529A(b), and 529 | count in a qualified ABLE program, or under a qua (b)(1). | lified state tuition progra | ım. |
| | Institution name an | d description. Separately file the records of any interest | ests.11 U.S.C. § 521(c): | |
| ■ No | | property (other than anything listed in line 1), and | I rights or powers exerci | sable for your benefit |
| 26. Patent Exam | | e secrets, and other intellectual property sites, proceeds from royalties and licensing agreemen | ots | |
| Exam ■ No | ses, franchises, and other general ples: Building permits, exclusive lice. Give specific information about the | censes, cooperative association holdings, liquor licens | ses, professional licenses | |
| Money or | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | funds owed to you | em, including whether you already filed the returns an | d the tay years | |
| – 165. | . Give specific information about th | ern, including whether you already liled the returns an | d the tax years | |
| | | Federal Tax Refund | | Unknown |
| | | State Tax Refund | | Unknown |
| | | EIC | | Unknown |
| □ No | | y, spousal support, child support, maintenance, divor | - ce settlement, property set | tlement |
| | | Nevada Richard, Jr. | Child Support | Unknown |

| | btor 1 btor 2 | Staci Latrece Norwood Harold Jerrod Norwood, | Jr. | Case number (if known) | |
|-----|--------------------|---|---|--|----------------------------|
| 30. | Examp _ | amounts someone owes you bles: Unpaid wages, disability in benefits; unpaid loans you | | sick pay, vacation pay, workers' compe | ensation, Social Security |
| | ■ No | Civo epocific information | | | |
| | | Give specific information | | | |
| | | sts in insurance policies oles: Health, disability, or life ins | surance; health savings account (HSA) | ; credit, homeowner's, or renter's insura | nce |
| | ■ Yes. | Name the insurance company Compan | | Beneficiary: | Surrender or refund value: |
| | | Life Ins | urance - no cash value | | \$0.00 |
| | | Life Ins | urance - no cash value | | \$0.00 |
| | If you a someo | | you from someone who has died ust, expect proceeds from a life insurar | nce policy, or are currently entitled to rec | eive property because |
| 33. | Examp □ No - | | er or not you have filed a lawsuit or is sputes, insurance claims, or rights to so | | |
| | | | Claim filed for a car accident the Weathersby Road in Hattiesbu minor child were hit by a 3rd prepresenting the debtor in the | arty. Richard Schwartz is | Unknown |
| 34. | ■ No | contingent and unliquidated of Describe each claim | claims of every nature, including cou | unterclaims of the debtor and rights t | o set off claims |
| 35. | Any fin | nancial assets you did not alro | eady list | | |
| | ■ No | · | • | | |
| | ☐ Yes. | Give specific information | | | |
| 36 | | | entries from Part 4, including any en | | \$45.00 |
| Ра | rt 5: Des | scribe Any Business-Related Pro | perty You Own or Have an Interest In. Lis | t any real estate in Part 1. | |
| | _ ′ | own or have any legal or equitable | e interest in any business-related proper | ty? | |
| _ | _ | Go to line 38. | | | |
| Pa | | scribe Any Farm- and Commercia ou own or have an interest in farmla | Il Fishing-Related Property You Own or F and, list it in Part 1. | lave an Interest In. | |
| 46. | | ı own or have any legal or eq | uitable interest in any farm- or comn | nercial fishing-related property? | |
| | _ | Go to line 47. | | | |
| | | | | | |

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| Deb | otor 1 Staci Latrece Norwood tor 2 Harold Jerrod Norwood, Jr. | | Case number (if known) | |
|------|---|-----------------------|------------------------------|--------------|
| Part | 7: Describe All Property You Own or Have an Interest in That You | ou Did Not List Above | | |
| | Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership | t? | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write the | hat number here | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$120,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$16,200.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | \$4,900.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$45.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$21,145.00 | Copy personal property total | \$21,145.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$141,145.00 |

| Debtor 2 (Spouse if, filing) United States Bankruptcy Court for the | Middle Name Norwood, Jr. | Last Name | |
|--|--------------------------|-----------|-------------------------------------|
| (Spouse if, filing) First Name | Norwood, Jr. | | |
| 3, | | | |
| United States Bankruptcy Court for the | Middle Name | Last Name | |
| Case number | | | |
| Case number (if known) | | | ☐ Check if this is a amended filing |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 404 W Ray Dr Hattiesburg, MS 39402 Lamar County | \$120,000.00 | | \$5,728.82 | Miss. Code Ann. § 85-3-21 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2013 Nissan Altima 81059 miles Line from Schedule A/B: 3.1 | \$8,775.00 | | \$7,175.49 | Miss. Code Ann. § 85-3-1(a |
| Ellie Holli Garedale A.B. G.T | | | 100% of fair market value, up to any applicable statutory limit | |
| 2004 GMC Yukon 173224 miles Line from Schedule A/B: 3.2 | \$5,715.00 | | \$5,715.00 | Miss. Code Ann. § 85-3-1(a |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| 2000 Mercury Grand Marquis 201378 | \$1,710.00 | | \$1,710.00 | Miss. Code Ann. § 85-3-1(a |
| Line from Schedule A/B: 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| Household Goods Line from Schedule A/B: 6.1 | \$1,500.00 | | \$1,500.00 | Miss. Code Ann. § 85-3-1(a |
| Ello Holli Golloddio 7VB. GII | | | 100% of fair market value, up to | |

Staci Latrece Norwood Debtor 1 Harold Jerrod Norwood, Jr. Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Electronics** Miss. Code Ann. § 85-3-1(a) \$1,000.00 \$1,000.00 Line from Schedule A/B: 7.1 П 100% of fair market value, up to any applicable statutory limit Sports Equipment - no individual Miss. Code Ann. § 85-3-1(a) \$750.00 \$750.00 item worth more than \$200.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit 3 Guns - no individual item worth Miss. Code Ann. § 85-3-1(a) \$500.00 \$500.00 more than \$200.00 Line from Schedule A/B: 10.1 100% of fair market value, up to any applicable statutory limit Clothing Miss. Code Ann. § 85-3-1(a) \$750.00 \$750.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Jewelry Miss. Code Ann. § 85-3-1(a) \$200.00 \$200.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit 1 dog Miss. Code Ann. § 85-3-1(a) \$200.00 \$200.00 Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit Cash Miss. Code Ann. § 85-3-1(a) \$45.00 \$45.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit 401(k) Miss. Code Ann. § 85-3-1(e) Unknown Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit **Federal Tax Refund** Miss. Code Ann. § 85-3-1(j) \$10,000.00 Unknown Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit State Tax Refund Miss. Code Ann. § 85-3-1(k) Unknown \$10,000.00 Line from Schedule A/B: 28.2 100% of fair market value, up to any applicable statutory limit **EIC** Miss. Code Ann. § 85-3-1(i) Unknown \$10,000.00 Line from Schedule A/B: 28.3 100% of fair market value, up to any applicable statutory limit

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| | otor 1 otor 2 | Staci Latrece Norwood Harold Jerrod Norwood, Jr. | Case number (if known) |
|----|------------------|--|--------------------------|
| 3. | , | you claiming a homestead exemption of more than \$170,350? oject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after | the date of adjustment.) |
| | | No | |
| | | Yes. Did you acquire the property covered by the exemption within 1,215 days bef | ore you filed this case? |
| | | □ No | |
| | | ☐ Yes | |

| Fill in this information | to identify you | r case: | | | |
|--|----------------------|---|--|--------------------------|-------------------|
| | | | | | |
| | aci Latrece No | Middle Name Last Name | | | |
| | rold Jerrod N | | | | |
| | t Name | Middle Name Last Name | | | |
| | | | | | |
| United States Bankrupt | cy Court for the: | SOUTHERN DISTRICT OF MISSISSIPPI | | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | amend | led filing |
| | | | | | - |
| Official Form 10 | <u>6D</u> | | | | |
| Schedule D: 0 | Creditors | Who Have Claims Secure | ed by Property | , | 12/15 |
| Be as complete and accur | rate as possible. If | f two married people are filing together, both are ut, number the entries, and attach it to this form. | equally responsible for su | pplying correct informa | |
| | olaima aggurad by | your proporty? | | | |
| 1. Do any creditors have o | - | | Variable and the state of the s | | |
| <u> </u> | | is form to the court with your other schedules. | You have nothing else to | report on this form. | |
| Yes. Fill in all of | the information b | pelow. | | | |
| Part 1: List All Secu | ured Claims | | | | |
| 2. List all secured claims | If a creditor has m | nore than one secured claim, list the creditor separate | ely Column A | Column B | Column C |
| for each claim. If more tha | in one creditor has | a particular claim, list the other creditors in Part 2. As | S Amount of claim | Value of collateral | Unsecured |
| much as possible, list the c | claims in alphabetic | al order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 1st Heritage | | Describe the property that secures the claim: | \$2,649.06 | \$250.00 | \$2,399.06 |
| Creditor's Name | | Household Goods | | | |
| | | | | | |
| | | As of the date you file, the claim is: Check all that | | | |
| 2307 Hardy St | 0.00404 | apply. | | | |
| Hattiesburg, M | S 39401 | Contingent | | | |
| Number, Street, City, St | ate & Zip Code | Unliquidated | | | |
| W | | Disputed | | | |
| Who owes the debt? Ch | neck one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only | | An agreement you made (such as mortgage or s | secured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debt | | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim rel community debt | lates to a | Other (including a right to offset) | | | |
| community debt | | | | | |
| Date debt was incurred | 5/2017 | Last 4 digits of account number | | | |
| 2.2 1st Heritage | | Describe the property that secures the claim: | \$4,131.53 | \$250.00 | \$3,881.53 |
| Creditor's Name | | Household Goods | <u>Ψ4,131.33</u> | φ230.00 | φ3,001.33 |
| | | Tiouseriola Goods | | | |
| | | | | | |
| 2307 Hardy St | | As of the date you file, the claim is: Check all that apply. | | | |
| Hattiesburg, M | S 39401 | ☐ Contingent | | | |
| Number, Street, City, St | ate & Zip Code | ☐ Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who owes the debt? Ch | neck one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or s | secured | | |
| Debtor 2 only | | car loan) | | | |
| ■ Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debt | tors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim rel | lates to a | Other (including a right to offset) | | | |
| community debt | | | | | |
| Date debt was incurred | 5/2017 | Last 4 digits of account number | | | |

Official Form 106D

| Debtor 1 Staci Latrece Norwood | | Case number (if known) | | |
|---|--|------------------------|-------------|-------------|
| First Name Middle N | | | | |
| Debtor 2 Harold Jerrod Norwood First Name Middle N | | | | |
| r iist Name iviidule iv | valite Last Ivalite | | | |
| 2.3 CMB Financial | Describe the property that secures the claim: | \$1,315.75 | \$250.00 | \$1,065.75 |
| Creditor's Name | PMSI Furniture | | | |
| | | | | |
| P.O. Box 1731 | As of the date you file, the claim is: Check all that | | | |
| Hattiesburg, MS 39403 | apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | \square An agreement you made (such as mortgage or | secured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| community desi | | | | |
| Date debt was incurred 5/24/17 | Last 4 digits of account number | | | |
| | | | | |
| 2.4 Personal Finance Creditor's Name | Describe the property that secures the claim: | \$3,082.13 | \$1,500.00 | \$1,582.13 |
| Creditor's Name | Household Goods | | | |
| | | | | |
| 1835 Hardy St | As of the date you file, the claim is: Check all that apply. | | | |
| Hattiesburg, MS 39401 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only | ☐ An agreement you made (such as mortgage or car loan) | secured | | |
| Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ■ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | ☐ Other (including a right to offset) | | | |
| community debt | — Other (including a right to onset) | | | |
| Date debt was incurred 5/2017 | Last 4 digits of account number | | | |
| Date dept was incurred 3/2017 | Last 4 digits of account number | | | |
| 2.5 Republic Finance | Describe the property that secures the claim: | \$7,292.10 | \$250.00 | \$7,042.10 |
| Creditor's Name | Household Goods | 1 | | |
| | | | | |
| 1715 Hardy Street St | As of the date you file, the claim is: Check all that | | | |
| Suite 50 | apply. | | | |
| Hattiesburg, MS 39404 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or | secured | | |
| ☐ Debtor 2 only | car loan) | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | 1 | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred 2017 | Last 4 digits of account number | | | |

Official Form 106D

| Debtor 1 Staci Latrece Norwood | | Case | e number (if known) | | |
|---|---|---------------------|---------------------|--|----------------------------------|
| First Name Middle N | lame Last Name | _ | _ | | |
| Debtor 2 Harold Jerrod Norwood | l, Jr. | | | | |
| First Name Middle N | lame Last Name | _ | | | |
| 2.6 Tower Loan | Describe the property that secures | the claim: | \$3,651.64 | \$250.00 | \$3,401.64 |
| Creditor's Name | Household Goods | | | | V O N O O O O O O O O O O |
| | | | | | |
| | As of the data was file the plains in | | | | |
| 6335 US Hwy 49 # 50 | As of the date you file, the claim is: apply. | Check all that | | | |
| Hattiesburg, MS 39401 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as | mortgage or secured | d | | |
| Debtor 2 only | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | | |
| community debt | | | | | |
| Date debt was incurred 3/2018 | Last 4 digits of account num | ber | | | |
| | _ | | | | |
| 2.7 Trustmark | Describe the property that secures | the claim: | \$114,271.18 | \$120,000.00 | \$0.00 |
| Creditor's Name | 404 W Ray Dr Hattiesburg, | MS 39402 | | | |
| | Lamar County | | | | |
| DO D 500 | As of the date you file, the claim is: | Check all that | | | |
| PO Box 522 | apply. | | | | |
| Jackson, MS 39205-0522 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | _ | | | | |
| Debtor 1 only | ☐ An agreement you made (such as car loan) | mortgage or secured | | | |
| Debtor 2 only | | ahaniala lian) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | Mantagaga | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | Mortgage | | | |
| Date debt was incurred | Last 4 digits of account num | ber | | | |
| Add the dellar value of value of the total | National A and this many Martin (1) of the | .h.s.h.s.s | #42C 2C2 2C | Ti T | |
| Add the dollar value of your entries in C If this is the last page of your form, add | | | \$136,393.39 | | |
| II LIIIS IS LITE IASL DAUE OF VOUL TOLM, 200 | | | \$136,393.39 | . 1 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fil | II in this inform | ation to identify your case: | | | | |
|----------------------------------|--|--|---|---|---|---|
| | ebtor 1 | Staci Latrece Norwood | | | | |
| `` | | | ddle Name Last Name | | | |
| - 1 | ebtor 2 oouse if, filing) | Harold Jerrod Norwood, of First Name Mic | Jr. Idle Name Last Name | | | |
| Ur | nited States Ban | kruptcy Court for the: SOUTH | IERN DISTRICT OF MISSISSIPPI | | | |
| | ase number | | | | _ | if this is an ded filing |
| Of | ficial Form | 106E/F | | | | |
| _ | | | ve Unsecured Claims | | | 12/15 |
| any Sch Sch left nan | executory contractured and the contracture of the c | acts or unexpired leases that could ory Contracts and Unexpired Lease rs Who Have Claims Secured by Pr inuation Page to this page. If you h | or creditors with PRIORITY claims and Part 2 for I result in a claim. Also list executory contract is (Official Form 106G). Do not include any creoperty. If more space is needed, copy the Parave no information to report in a Part, do not to Claims | ts on Schedule A/B: Feditors with partially s t you need, fill it out, | Property (Official For secured claims that a number the entries i | m 106A/B) and on are listed in n the boxes on the |
| 1. | _ ′ | s have priority unsecured claims a | gainst you? | | | |
| | ☐ No. Go to Pa | art 2. | | | | |
| | Yes. | | | | | |
| 2. | identify what type possible, list the | e of claim it is. If a claim has both pric | tor has more than one priority unsecured claim, li rity and nonpriority amounts, list that claim here a g to the creditor's name. If you have more than tw im, list the other creditors in Part 3. | and show both priority a | and nonpriority amoun | ts. As much as |
| | (For an explanat | tion of each type of claim, see the inst | ructions for this form in the instruction booklet.) | Total claim | Priority | Nonpriority |
| 2.1 | | of Revenue | Last 4 digits of account number | \$240.00 | amount \$240.00 | amount \$0.00 |
| | • | ditor's Name | When was the debt incurred? | | | |
| | PO Box | 22808 | | | = | |
| | | reet City State Zip Code | As of the date you file, the claim is: Check | all that apply | | |
| | | the debt? Check one. | ☐ Contingent | an triat apply | | |
| | Debtor 1 or | nly | ☐ Unliquidated | | | |
| | Debtor 2 or | nly | _ | | | |
| | _ | | ☐ Disputed Type of PRIORITY unsecured claim: | | | |
| | _ | nd Debtor 2 only | | | | |
| | ☐ At least one | e of the debtors and another | ☐ Domestic support obligations | | | |
| | | is claim is for a community debt ubject to offset? | ■ Taxes and certain other debts you owe the□ Claims for death or personal injury while you | • | | |
| | No | | Other. Specify | | | _ |
| | ☐ Yes | | Mississippi Depart | ment of Revenue |) | |
| | | | | | | |
| Pa | rt 2: List All | of Your NONPRIORITY Unsec | ured Claims | | | |
| 3. | Do any creditor | rs have nonpriority unsecured clair | ns against you? | | | |
| | _ | e nothing to report in this part. Submit | this form to the court with your other schedules. | | | |
| | Yes. | | | | | |
| 4. | unsecured claim | , list the creditor separately for each | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of or r creditors in Part 3.If you have more than three r | claim it is. Do not list cla | aims already included | in Part 1. If more |

Total claim

| | Harold Jerrod Norwood, Jr. | Case number (if known) | |
|-----|---|--|------------|
| 4.1 | APP of Mississippi ED | Last 4 digits of account number | \$184.00 |
| | Nonpriority Creditor's Name 2500 North State St Jackson, MS 39211 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.2 | Comcast | Last 4 digits of account number | \$199.73 |
| | Nonpriority Creditor's Name 220 Lakeridge Drive SE Smyrna, GA 30082 | When was the debt incurred? | · |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.3 | Comenity | Last 4 digits of account number | \$1,158.10 |
| | Nonpriority Creditor's Name PO Box 182273 Columbus, OH 43218-2273 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |

| | or 1 Staci Latrece Norwood Harold Jerrod Norwood, Jr. | Case number (if known) | |
|-----|---|--|------------|
| 4.4 | Comenity | Last 4 digits of account number | \$1,084.63 |
| | Nonpriority Creditor's Name PO Box 182273 Columbus, OH 43218-2273 | When was the debt incurred? | ψ1,00 H00 |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.5 | Comenity Nonpriority Creditor's Name | Last 4 digits of account number | \$505.22 |
| | PO Box 182273 Columbus, OH 43218-2273 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.6 | CSpire Wireless | Last 4 digits of account number | \$1,388.02 |
| | Nonpriority Creditor's Name PO Box 159 Manual VIII a. MS 20052 | When was the debt incurred? | |
| | Meadville, MS 39653 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |

| | 2 Harold Jerrod Norwood, Jr. | Case number (if known) | |
|-----|---|---|------------|
| 4.7 | Family Practice After | Last 4 digits of account number | \$14.37 |
| | Nonpriority Creditor's Name 110 Millsaps Dr Hattiesburg, MS 39402 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical | |
| 4.8 | Hattiesburg Clinic | Last 4 digits of account number | \$3,455.53 |
| | Nonpriority Creditor's Name | | ψο, του.ου |
| | P.O. Box 3488 | When was the debt incurred? | |
| | Tupelo, MS 38803-3488 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | □ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.9 | Hattiesburg Clinic | Last 4 digits of account number | \$157.20 |
| | Nonpriority Creditor's Name P.O. Box 3488 | When was the debt incurred? | |
| | Tupelo, MS 38803-3488 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | · · · · · · · · · · · · · · · · · · · | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |

| | or 1 Staci Latrece Norwood or 2 Harold Jerrod Norwood, Jr. | Case number (if known) | |
|-----|---|--|------------|
| 4.1 | Hattiesburg Clinic | Last 4 digits of account number | \$4,193.38 |
| | Nonpriority Creditor's Name 415 South 28th Ave | When was the debt incurred? | |
| | Hattiesburg, MS 39401 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | |
| 4.1 | Hattiesburg Clinic | Last 4 digits of account number | \$1,580.41 |
| , | Nonpriority Creditor's Name 415 South 28th Ave Hattiesburg, MS 39401 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical | |
| 4.1 | Hattiesburg Clinic Nonpriority Creditor's Name | Last 4 digits of account number | \$1,834.64 |
| | 415 South 28th Ave Hattiesburg, MS 39401 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical | |

| | 1 Staci Latrece Norwood 2 Harold Jerrod Norwood, Jr. | Case number (if known) | |
|----------|---|---|----------|
| 4.1 | Lab Corp of America | Last 4 digits of account number | \$111.00 |
| | Nonpriority Creditor's Name | | |
| | P.O. Box 2240 | When was the debt incurred? | |
| | Burlington, NC 27216 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | Merit Health | Last 4 digits of account number | \$755.59 |
| | Nonpriority Creditor's Name P.O. Box 281441 | When was the debt incurred? | |
| | Atlanta, GA 30304 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify | |
| 4.1 5 | Merit Health | Last 4 digits of account number | \$525.34 |
| | Nonpriority Creditor's Name P.O. Box 281441 Atlanta, GA 30304 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Medical | |

| | or 2 Harold Jerrod Norwood, Jr. | Case number (if known) | |
|----------|--|---|-------------|
| 4.1 | Nelnet | Last 4 digits of account number | \$9,042.83 |
| 6 | Nonpriority Creditor's Name | | Ψ0,042.00 |
| | P.O. Box 82561 Lincoln. NE 68501 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | ■ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | _ | <u> </u> | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | | Student Loan | |
| 4.1 7 | Nelnet | Last 4 digits of account number | \$33,018.82 |
| | Nonpriority Creditor's Name P.O. Box 82561 | When was the debt incurred? | |
| | Lincoln, NE 68501 Number Street City State Zip Code | As of the date you file the claim is: Cheek all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | | |
| | | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ☐ Other. Specify | |
| | | Student Loan | |
| 4.1 | | | *** |
| 8 | Radiology Bill Nonpriority Creditor's Name | Last 4 digits of account number | \$89.00 |
| | P.O. Box 786 Richmond, IN 47375-0786 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | <u> </u> | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Medical | |
| | — 100 | — Other, Specify | |

| | r 2 Harold Jerrod Norwood, Jr. | Case number (if known) | |
|-----|--|---|------------|
| 4.1 | South Central | Last 4 digits of account number | \$1,582.00 |
| 3 | Nonpriority Creditor's Name P.O. Box 607 | When was the debt incurred? | , , |
| | Laurel, MS 39441 Number Street City State Zip Code | As of the date year file the plains in Chapter all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| 4.2 | Suntrust Bank | | \$69.77 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | φ09.77 |
| | P.O. Box 305183 Nashville, TN 37230 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Other. Specify | |
| | | — Other. Specify | |
| 4.2 | US Dept of Education | Last 4 digits of account number | \$3,847.55 |
| | Nonpriority Creditor's Name P.O. Box 105347 | When was the debt incurred? | |
| | Atlanta, GA 30348-5347 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ■ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | | Student Loan | |

| | Staci Latrece Norwood Harold Jerrod Norwood, Jr. | | Case number (if known) | |
|--------------------|--|---|--|-------------------|
| 4.2 | Wesley Medical Center | Last 4 digits of account num | nber | \$19.00 |
| | Nonpriority Creditor's Name P.O. Box 16509 | When was the debt incurred | | |
| _ | Hattiesburg, MS 39404-6509 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the cl | laim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | oured alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unse | cured claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a report as priority claims | separation agreement or divorce that you did not | |
| | No | · | sharing plans, and other similar debts | |
| | Yes | Other. Specify | | |
| Part 3: | List Others to Be Notified About a De | ebt That You Already Listed | | |
| is tryin have m | g to collect from you for a debt you owe to s | omeone else, list the original creditation at you listed in Parts 1 or 2, list the | that you already listed in Parts 1 or 2. For example, if a c tor in Parts 1 or 2, then list the collection agency here. S additional creditors here. If you do not have additional | Similarly, if you |
| Name an | d Address | On which entry in Part 1 or Part 2 die | d you list the original creditor? | |
| | can Medical Colle | Line 4.13 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 2269 S BLDG | . Saw Mill River | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | ord, NY 10523 | | | |
| | | Last 4 digits of account number | | |
| | d Address | On which entry in Part 1 or Part 2 did | | |
| 5000 V | ehensive Rad Serv V 4th St | Line <u>4.22</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Hatties | sburg, MS 39402 | Last 4 digits of account number | , , | |
| | d Address | On which entry in Part 1 or Part 2 die | , | |
| | Arnett Co ox 1280 | Line 4.9 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| _ | PA 19456 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| <u> </u> | | Last 4 digits of account number | | |
| | d Address sional Account S | On which entry in Part 1 or Part 2 did Line 4.14 of (<i>Check one</i>): | , _ | |
| PO Bo | | Line 4.14 of (Cneck one): | Part 1: Creditors with Priority Unsecured Claims | |
| | vood, TN 37024 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | | Last 4 digits of account number | | |
| | d Address orney General | On which entry in Part 1 or Part 2 did Line 4.21 of (<i>Check one</i>): | d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims | |
| US De | pt of Justice | ` , | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | nnsylvania AveNW | | — Full 2: Groundle Will Horizonthy Checoured Claims | |
| Washii | ngton, DC 20530-0001 | Last 4 digits of account number | | |
| Name an | d Address | On which entry in Part 1 or Part 2 die | d you list the original creditor? | |
| US De | ot of Education | Line 4.21 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| | S. Attorney | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Court St | | . , | |
| Ste 4.4 Jackso | on, MS 39201 | | | |
| | | Last 4 digits of account number | | |
| | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

| Debtor 1 | Staci Latrece Norwood | | |
|----------|----------------------------|------------------------|--|
| Debtor 2 | Harold Jerrod Norwood, Jr. | Case number (if known) | |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 240.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 240.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 45,909.20 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | 0.00 |
| | | you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 18,906.93 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 64,816.13 |

| Fill in this inform | | | | | |
|---|------------------|-------------------|----------------|--|---------------------|
| Debtor 1 Staci Latrece Norwood | | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Harold Jerrod No | rwood, Jr. | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT | OF MISSISSIPPI | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Olaic | Zii Gode | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | Oity | | Otate | ZII Oode | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

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| Fill in this | s information to identify your | casa: | | | |
|---------------------------------------|---|---|---|---|--|
| Debtor 1 | Staci Latrece No | | | | |
| DODIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | Harold Jerrod No | rwood. Jr. | | | |
| (Spouse if, fili | | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | SOUTHERN DISTRIC | T OF MISSISSIPPI | | |
| Case num (if known) | nber | | | | ☐ Check if this is an amended filing |
| Sched Codebtors people are | e filing together, both are equ | re also liable for any de ally responsible for sup | plying correct informat | on. If more space is r | 12/15 rate as possible. If two married needed, copy the Additional Page, |
| | and number the entries in the e and case number (if known | | | o this page. On the to | p of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| Arizor No Yes 3. In Co in line Form | e 2 again as a codebtor only | , Nevada, New Mexico, Puuse, or legal equivalent live tors. Do not include you if that person is a guaral | ve with you at the time? r spouse as a codebtor ntor or cosigner. Make s | ngton, and Wisconsin.) if your spouse is filin sure you have listed t | |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cro | editor to whom you owe the debt es that apply: |
| 3.1 | | | | □ Schodulo D. III | 00 |
| 3.1 | Name | | | _ ☐ Schedule D, lir ☐ Schedule E/F, | |
| | | | | ☐ Schedule E/F, | |
| | Niverban Otrost | | | _ | |
| | Number Street City | State | ZIP Code | | |
| 3.2 | Name | | | _ ☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir☐ Schedule G | line |
| | Number Street City | State | ZIP Code | _ | |

Schedule H: Your Codebtors

| Fill in this informati | ion to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Staci Latrece Norwood | |
| Debtor 2 (Spouse, if filing) | Harold Jerrod Norwood, Jr. | _ |
| United States Banl | kruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official For | rm 106l | 13 income as of the following date: |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Part 1: Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation HR / Payroll **Plant Operator** Include part-time, seasonal, or Windham House of self-employed work. **Airgas Employer's name** Hattiesburg Occupation may include student or homemaker, if it applies. **Employer's address** 37 Hillcrest Dr 1924 Byron St Hattiesburg, MS 39402 Hattiesburg, MS 39401 How long employed there? 11 months 5 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,719.59 2,867.76 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 2,719.59 2,867.76

Official Form 106I Schedule I: Your Income page 1

| Deb Deb | tor 1 tor 2 | Staci Latrece Norwood Harold Jerrod Norwood, Jr. | | | Cas | e number (<i>if known</i>) | | | |
|------------|--------------------------|---|----------------|----------------|-------------------|------------------------------|--------------------|-----------------------|----------|
| | | | | | Fo | or Debtor 1 | | otor 2 or | |
| | Cor | by line 4 here | 4. | | \$ | 2,719.59 | \$ | ng spouse 2,867.76 | |
| | 001 | y line 4 nere | ٠. | | Ψ_ | 2,719.33 | Ψ | 2,007.70 | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ۱. | \$ | 326.35 | \$ | 430.16 | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c | :. | \$ | 0.00 | \$ | 172.07 | |
| | 5d. | Required repayments of retirement fund loans | 5d | l. | \$ | 0.00 | \$ | 125.64 | |
| | 5e. | Insurance | 5e |) . | \$ | 130.02 | \$ | 102.25 | |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g | | \$ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: Life | 5h | 1.+ | \$ | 116.04 | + \$ | 5.68 | |
| | | AD&D | | | \$ | 0.00 | \$ | 4.23 | |
| | | LTD | | | \$_ | 0.00 | \$ | 8.93 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 572.41 | \$ | 848.96 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,147.18 | \$ | 2,018.80 | |
| 8. | 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | | \$_ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b |). | \$_ | 0.00 | \$ | 0.00 | |
| | 8c. 8d. 8e. 8f. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8c 8d 8e | l. | \$_ \$_ \$_ | 0.00 0.00 0.00 | \$ \$ \$ | 0.00 0.00 0.00 | |
| | 8g. | Pension or retirement income | 8g | J. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ | \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$_ | 0.00 | \$ | 0.00 | |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,147.18 + \$ | 2,018 | .80 = \$ | 4,165.98 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ψ- | | 2,147.10 | 2,010 | | +,105.50 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | . , | ed in <i>Sch</i> e | edule J. 11. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | , if it | 12. \$ | 4,165.98 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form? | ? | | | | | Combine | |
| | | Yes. Explain: | | | | | | | |
| | _ | · | | | | | | | |

| Fill | in this informa | ation to identify yo | our case: | | | | | |
|------|--|--|----------------|---|---|------------------|--|---|
| Deb | otor 1 | Staci Latrec | e Norwoo | od | | Check | c if this is: | |
| | Debtor 2 Harold Jerrod Norwood, Jr. Spouse, if filing) | | | | | | An amended filing A supplement show 3 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bank | ruptcy Court for the | : SOUTH | IERN DISTRICT OF MISS | ISSIPPI | 1 | MM / DD / YYYY | |
| | se number | | | | | | | |
| | | orm 106J | | | | ı | | |
| | | J: Your | | | - Clin - to - do - b | - 41 | D | 12/15 |
| info | ormation. If m | | eded, atta | . If two married people ar ch another sheet to this n. | | | | |
| Par | t 1: Desc | ribe Your House | ehold | | | | | |
| | □ No. Go to | | | | | | | |
| | Yes. Doe | es Debtor 2 live | in a separ | ate household? | | | | |
| | ■ N | | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Debto | or 2. | |
| 2. | Do vou hav | e dependents? | □ No | | | | | |
| | - | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Son | | 8 | □ No ■ Yes |
| | | | | | | | | □ No |
| | | | | | Daughter | | | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses d | penses include of people other t od your depende | han _ | No Yes | | | | |
| Est | timate your e | a date after the | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance i luded it on <i>Schedule I:</i> Y | | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | e 4. \$ | | 825.00 |
| | , , | ded in line 4: | - 9.00110 | | | | | |
| | | | | | | | | |
| | | estate taxes | o or rootes | 's insurance | | 4a. \$ | - | 0.00 |
| | | erty, homeowner' e maintenance. re | | 's insurance ipkeep expenses | | 4b. \$ 4c. \$ | | 0.00 100.00 |
| | | eowner's associa | | | | 4d. \$ | | 0.00 |
| 5. | Additional | mortgage paym | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| | tor 1 | | trece Norwood | | | |
|-------------|---------------|----------------|--|------------------|---------------------------------------|---|
| Deb | tor 2 | Harold J | errod Norwood, Jr. | Case num | nber (if known) | |
| • | | • | | | | |
| 6. | Utilit 6a. | | heat, natural gas | 6a. | ¢ | 285.00 |
| | 6b. | | wer, garbage collection | 6b. | · | 50.00 |
| | 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | · T ———— | |
| | 6d. | Other. Spe | | 6d. | · | 300.00 |
| 7. | | | ekeeping supplies | ou. 7. | · | 0.00 |
| 7. 8. | | | children's education costs | 8. | · | 900.00 |
| 9. | | | ry, and dry cleaning | 9. | · | 250.00 |
| | | • | ry, and dry cleaning products and services | 9. 10. | · - | 220.00 |
| | | • | ntal expenses | 11. | · · · · · · · · · · · · · · · · · · · | 75.00 |
| | | | Include gas, maintenance, bus or train fare. | 11. | Φ | 125.00 |
| 12. | | | ar payments. | 12. | \$ | 250.00 |
| 13. | | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 75.00 |
| | | | ributions and religious donations | 14. | · | 0.00 |
| | | rance. | | | <u> </u> | 0.00 |
| | | | surance deducted from your pay or included in lines 4 or 20. | | | |
| | | Life insura | | 15a. | \$ | 0.00 |
| | 15b. | Health ins | urance | 15b. | \$ | 0.00 |
| | 15c. | Vehicle ins | surance | 15c. | \$ | 440.00 |
| | 15d. | Other insu | rance. Specify: | 15d. | \$ | 0.00 |
| 16. | | | iclude taxes deducted from your pay or included in lines 4 or 20. | | · | |
| | Spec | | , , , | 16. | \$ | 0.00 |
| 17. | Insta | allment or le | ease payments: | | | |
| | 17a. | Car payme | ents for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. | Car payme | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. | Other. Spe | ecify: | 17c. | \$ | 0.00 |
| | 17d. | Other. Spe | ecify: | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report | | • | 0.00 |
| | | | your pay on line 5, Schedule I, Your Income (Official Form 10 | 1 8. | | 0.00 |
| 19. | | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | · — | | 19. | | |
| 20. | | | erty expenses not included in lines 4 or 5 of this form or on S | | | 0.00 |
| | | | s on other property | 20a. | | 0.00 |
| | | Real estat | | 20b. | | 0.00 |
| | | | homeowner's, or renter's insurance | 20c. | | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | | er's association or condominium dues | 20e. | · | 0.00 |
| 21. | Othe | er: Specify: | Pet Care | 21. | +\$ | 60.00 |
| 22. | Calc | ulate vour i | monthly expenses | | | |
| | | | through 21. | | \$ | 3,955.00 |
| | | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106. | J-2 | \$ | |
| | | | a and 22b. The result is your monthly expenses. | | \$ | 3,955.00 |
| | 220. | Auu III 16 226 | a and 22b. The result is your monthly expenses. | | Ψ | 3,955.00 |
| 23. | | | monthly net income. | | | <u> </u> |
| | 23a. | Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,165.98 |
| | 23b. | Copy your | monthly expenses from line 22c above. | 23b. | -\$ | 3,955.00 |
| | | | | | | |
| | 23c. | | our monthly expenses from your monthly income. | 00- | ¢ | 210.98 |
| | | The result | is your monthly net income. | 23c. | \$ | 210.30 |
| 24 | Do 11 | OU AVBOOF | an increase or decrease in your expenses within the year after | er vou file this | s form? | |
| ∠4 . | | | an increase or decrease in your expenses within the year arto bu expect to finish paying for your car loan within the year or do you expect | | | se or decrease because of a |
| | | | terms of your mortgage? | . , | J to morea | 22 23 250 250 250 250 250 250 250 250 250 250 |
| | ■ No | 0. | | | | |
| | □ Ye | | Explain here: | | | |
| | | JJ. | | | | |

| Fill in thi | s information to identify you | ır case: | | | |
|----------------|--|---------------------------|---|--|-------|
| Debtor 1 | Staci Latrece N | orwood | | | |
| Dobtor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | Harold Jerrod N | lorwood, Jr. | | | |
| (Spouse if, fi | iling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the | SOUTHERN DISTRI | CT OF MISSISSIPPI | | |
| Case nur | mber | | | | |
| (if known) | | | | ☐ Check if this is ar | 1 |
| | | | | amended filing | |
| | Form 106Dec aration About | an Individua | al Debtor's Sche | dules | 12/15 |
| btaining | | I in connection with a ba | | ng a false statement, concealing property s up to \$250,000, or imprisonment for up | |
| Did | you pay or agree to pay son | neone who is NOT an at | torney to help you fill out bankru | ptcy forms? | |
| | No | | | | |
| | Yes. Name of person | | | Attach Bankruptcy Petition Preparer's N Declaration, and Signature (Official Form | |
| that t | er penalty of perjury, I declar they are true and correct. S/ Staci Latrece Norwood Staci Latrece Norwood Signature of Debtor 1 Date June 5, 2020 | | X /s/ Harold Jerrod Harold Jerrod N Signature of Debtor | d Norwood, Jr. orwood, Jr. | |
| - | Julic 0, LULU | | Bate Galle 3, 2 | V-V | |

| -:11 | in this inform | estion to identify you | | | | | | | |
|---------------------------------------|---|--|--|---|--|---|--|--|--|
| | | nation to identify you | | | | | | | |
| Deb | tor 1 | Staci Latrece Norwood First Name Middle Name Last Name | | | | | | | |
| Deb | tor 2 | Harold Jerrod N | | Lastinanie | | | | | |
| | use if, filing) | First Name | Middle Name | Last Name | | | | | |
| Unit | ed States Bar | nkruptcy Court for the: | SOUTHERN DISTRICT C | OF MISSISSIPPI | | | | | |
| Cas | e number | | | | | | | | |
| (if kno | | | | | _ | heck if this is an mended filing | | | |
| ∽ եւ | Saial Fac | waa 107 | | | | | | | |
| | ficial For atement | | Affairs for Individ | duals Filing for B | ankruptcv | 4/19 | | | |
| nfor num | mation. If m ber (if knowr | ore space is needed, n). Answer every ques | attach a separate sheet to stion. | this form. On the top of an | equally responsible for sup y additional pages, write you | | | | |
| | | | rital Status and Where You | Lived Before | | | | | |
| 1. | What is your | current marital statu | IS? | | | | | | |
| | MarriedNot mar | ried | | | | | | | |
| 2. | During the la | ast 3 vears, have you | lived anywhere other than | where you live now? | | | | | |
| | _ | g the last 3 years, have you lived anywhere other than where you live now? | | | | | | | |
| | ■ No □ Yes. Lis | t all of the places you I | ived in the last 3 years. Do no | ot include where you live nov | <i>i</i> . | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there | | | |
| | | | | | ity property state or territory ico, Texas, Washington and W | | | | |
| | ■ No | | | | | | | | |
| | _ | ke sure vou fill out Sch | nedule H: Your Codebtors (Of | ficial Form 106H). | | | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (1 | , | | | | | |
| Part | Explai | n the Sources of You | r Income | | | | | | |
| | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? | | | |
| | □ No | | | | | | | | |
| | _ | in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| the date voli filed for pankfillutov. | | | ■ Wages, commissions, bonuses, tips | \$10,677.31 | ☐ Wages, commissions, bonuses, tips | \$13,959.05 | | | |
| | | | ☐ Operating a business | | Operating a business | | | | |

Official Form 107

| Debtor 2 Harold Jerrod Norwood | | | | l <mark>, Jr. Cas</mark> | | | | ase numb | se number (if known) | | | |
|---|-----------|--|--|--|---|---|---|---|---|--|---|--|
| | | | | Debtor 1 | | | | Dob | tor 2 | | | |
| | | | | Sources of Check all th | | | income deductions and ons) | Sou | rces of ind ck all that a | | Gross income (before deductions and exclusions) | |
| / January 1 to December 31 2010) | | | ■ Wages, bonuses, tip | commissions, os | \$14,170.46 | | _ · | Vages, con uses, tips | nmissions, | \$38,724.28 | | |
| | | | | ☐ Operatin | g a business | | | | Operating a | business | | |
| For the calendar year before that: (January 1 to December 31, 2018) | | | ■ Wages, bonuses, tip | Wages, commissions, shouses, tips \$18,145.00 | | | — v | ■ Wages, commissions, bonuses, tips \$25,626.0 | | | | |
| | | | | ☐ Operatin | g a business | | | | Operating a | business | | |
| | List each | , 0 | gross incor | , | ve income that y | , | 0 , | , | | | | |
| | | | | Debtor 1 | | | | | tor 2 | | | |
| | | | | Sources of Describe be | | each s | deductions and | Des | rces of inc cribe below | | Gross income (before deductions and exclusions) | |
| Pai | rt 3: Lis | t Certain Paym | nents You l | Made Before | You Filed for E | Bankrunto | :v | | | | | |
| 6. | □ No. | Neither Debt individual print of the print o | or 1 nor Donarily for a days befor 50 to line 7. ist below eading that creating the control of t | ebtor 2 has personal, fan re you filed for ach creditor to ditor. Do not begyments to on 4/01/22 a re both have pere you filed for | nily, or househole or bankruptcy, die to whom you pair include paymen an attorney for the nd every 3 years primarily consular or bankruptcy, die to whom you pair | imer debt: Id purpose Id you pay Id a total of Ints for dom Ints bankrup Is after that Immer debts Id you pay Id a total of | any creditor a to \$6,825* or morestic support obotcy case. for cases filed case. any creditor a to \$600 or more a | e in one obligations, on or afte otal of \$60 | 825* or moor or more page such as club or the date of | ore? yments and the support a suppo | 1(8) as "incurred by an the total amount you and alimony. Also, do to creditor. Do not anclude payments to an | |
| | Creditor | | ttorney for | this bankrupt | | | Total amount | | ount you | | payment for | |
| | | W. II. E | | | | | paid | | still owe | _ | | |
| Wells Fargo Auto P.O. Box 168040 Irving, TX 75016 | | (| 03/2020 | | \$6,960.78 | | \$0.00 | ☐ Mortgag ☐ Car ☐ Credit (☐ Loan R ☐ Supplie ☐ Other | Card | | | |

| | otor 1 otor 2 | Staci Latrece Norwood Harold Jerrod Norwood, Jr. | | Cas | se number (if known) | | | |
|-----|------------------|---|---|---|---|---|---|--|
| 7. | Inside of whi | n 1 year before you filed for bankruptons include your relatives; any general pach you are an officer, director, person in ness you operate as a sole proprietor. 1 ny. | rtners; relatives of any gen control, or owner of 20% of | eral partners; partners or more of their voting | erships of which yog g securities; and a | ou are a gener ny managing a | al partner; corporations agent, including one for | |
| | □ Y | No es. List all payments to an insider. | | | | | | |
| | Insid | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| 8. | inside | n 1 year before you filed for bankruptoer? le payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an | |
| | _ | No Yes. List all payments to an insider | | | | | | |
| | | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| Par | rt 4: | Identify Legal Actions, Repossession | s, and Foreclosures | para | ouiii ou o | molado oroc | and o hame | |
| 9. | List all modifi | n 1 year before you filed for bankrupto I such matters, including personal injury cations, and contract disputes. No Yes. Fill in the details. | cy, were you a party in ar cases, small claims action | ny lawsuit, court ac s, divorces, collectio | tion, or administ n suits, paternity a | rative proceed actions, suppor | ding? rt or custody | |
| | Case | | Nature of the case | Court or agency | | Status of the | ne case | |
| | | number | | | | _ | | |
| | IOW | er Loan v. Norwood | Collections | | | ■ Pending□ On appeal□ Concluded | | |
| | Norv | wood v. 3rd Party | Car Accident, | | | ■ Pending | 1 | |
| | - - | | Personal Injury | | | ☐ On appeal ☐ Concluded | | |
| 10. | | n 1 year before you filed for bankrupto call that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | shed, attache | d, seized, or levied? | |
| | _ | No. Go to line 11. | | | | | | |
| | | es. Fill in the information below. | | | | | | |
| | Cred | itor Name and Address | Describe the Property Explain what happened | | | | Value of the property | |
| | 178 | Regions Bank Account lest Center n, MS 39046 □ Property was repossessed. □ Property was foreclosed. □ Property was garnished. | | | Мау | 2020 | \$1,400.00 | |
| | | | Property was attache | d, seized or levied. | | | | |

| Del | btor 2 Harold Jerrod Norwood, Jr. | Case number | (if known) | | | | | | | |
|-----|--|--|-----------------------------------|-------------------|--|--|--|--|--|--|
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? | | | | | | | | | |
| | No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount | | | | | | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes | | | | | | | | | |
| Pai | rt 5: List Certain Gifts and Contribution | s | | | | | | | | |
| 13. | Nithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? | | | | | | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. Fill in the details for each gift. | | | | | | | | | |
| | Gifts with a total value of more than \$60 per person | Describe the gifts | Dates you gave the gifts | Value | | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No | | | | | | | | | |
| | ☐ Yes. Fill in the details for each gift or c | | | | | | | | | |
| | Gifts or contributions to charities that 1 more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | ŕ | Dates you contributed | Value | | | | | | |
| Pai | rt 6: List Certain Losses | | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Describe the property you lost and | Describe any insurance coverage for the loss | Date of your | Value of property | | | | | | |
| | how the loss occurred | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i> | loss | lost | | | | | | |
| Pai | rt 7: List Certain Payments or Transfers | 5 | | | | | | | | |
| 16. | consulted about seeking bankruptcy or | ptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition? oreparers, or credit counseling agencies for services require | | rty to anyone you | | | | | | |
| | □ No | | | | | | | | | |
| | Yes. Fill in the details. | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address Email or website address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | | |
| | Person Who Made the Payment, if Not Y The Rollins Law Firm, PLLC 74 Avery Blvd N Ridgeland, MS 39157 | Attorney fees, filing fee, and credit counseling | 4/6/20-\$1,000 5/21/20-\$800 | \$1,800.00 | | | | | | |

| Den | ioi 2 Haroid Jerrod Norwood, Jr. | | | Jase Hullibel (| (If KNOWN) | | | |
|-----|--|--|----------------------------|-----------------|--|---|--|--|
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and vitransferred | alue of any prop | erty | Date payment or transfer was made | Amount o paymen | | |
| | The Rollins Law Firm 774 Avery Blvd N Ridgeland, MS 39158 Turstee in prior case | Attorney Fees in | n Prior Chapter | 13 Case | 4/12/19-10/11/ 19 | \$678.1 ₀ | | |
| | Within 1 year before you filed for bankruptcy, dipromised to help you deal with your creditors on Do not include any payment or transfer that you list No | or to make payments | | | r transfer any prope | ty to anyone who | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and variansferred | alue of any prop | erty | Date payment or transfer was made | Amount o paymen | | |
| | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | Description and va property transferr | | | any property or received or debts change | Date transfer was made | | |
| | Person's relationship to you | | | • | · · | | | |
| | Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protect ■ No □ Yes. Fill in the details. | | y property to a s | elf-settled tru | ust or similar device o | of which you are a | | |
| | Name of trust | Description and va | alue of the prope | erty transferro | ed | Date Transfer was made | | |
| Par | 8: List of Certain Financial Accounts, Instru | ments, Safe Deposit | Boxes, and Stor | rage Units | | | | |
| 20. | Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? | ere any financial acc | counts or instrur | ments held in | your name, or for yo | our benefit, closed, | | |
| | Include checking, savings, money market, or ot houses, pension funds, cooperatives, associati No Yes. Fill in the details. | | | | ares in banks, credit | unions, brokerage | | |
| | | st 4 digits of count number | Type of account instrument | clo mo | te account was sed, sold, oved, or nsferred | Last balance before closing o transfe | | |
| | Do you now have, or did you have within 1 year cash, or other valuables? | before you filed for | bankruptcy, any | safe deposit | t box or other deposi | tory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St State and ZIP Code) | | Describe the o | contents | Do you still have it? | | |
| | | | | | | | | |

Debtor 1 Staci Latrece Norwood

| | tor 1 Staci Latrece Norwood tor 2 Harold Jerrod Norwood, Jr. | | Case number (if known) | | | | | | |
|-----|---|--|--|-----------------------|--|--|--|--|--|
| 22. | Have you stored property in a storage unit or p ■ No □ Yes. Fill in the details. | lace other than your home within 1 | year before you filed for bankruptcy? | • | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | | |
| Par | 19: Identify Property You Hold or Control for | Someone Else | | | | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | rty you borrowed from, are storing for | , or hold in trust | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Valu | | | | | |
| Par | 10: Give Details About Environmental Inform | ation | | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | | |
| • | to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, | | | | | | | | |
| Rep | hazardous material, pollutant, contaminant, or ort all notices, releases, and proceedings that y | | n they occurred. | | | | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environme | ental law? | | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any envi | ironmental law? Include settlements a | nd orders. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | |
| Par | Give Details About Your Business or Cor | nnections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | • | | business? | | | | | |
| | ☐ A sole proprietor or self-employed in a | • | • | | | | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | iip (LLP) | | | | | | |

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| | otor 1 otor 2 | Staci Latrece Norwood Harold Jerrod Norwood, Jr. | | | Case number (if | known) | | | | |
|--------------------|--|--|---|------------------------------|-------------------------------|---|---------------|--|--|--|
| | | ☐ A partner in a partnership | | | | | | | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corp | ooration | | | | | | |
| | | ☐ An owner of at least 5% of the voting | g or equity secu | rities of a corporation | | | | | | |
| | | No. None of the above applies. Go to F | lo. None of the above applies. Go to Part 12. | | | | | | | |
| | | Yes. Check all that apply above and fill | in the details be | elow for each business. | | | | | | |
| | | iness Name Iress | Describe the n | ature of the business | | Identification number lude Social Security num | hor or ITIN | | | |
| | | aber, Street, City, State and ZIP Code) | Name of accou | intant or bookkeeper | | iness existed | Jei oi iiii. | | | |
| 28. | instit | in 2 years before you filed for bankrupt tutions, creditors, or other parties. No | cy, did you give | a financial statement to | | | III financial | | | |
| | | Yes. Fill in the details below. | | | | | | | | |
| | | ne Iress ber, Street, City, State and ZIP Code) | Date Issued | | | | | | | |
| Par | t 12: | Sign Below | | | | | | | | |
| are to with 18 U | true a a bai J.S.C. Staci aci La | ad the answers on this Statement of Fin and correct. I understand that making a nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571. i Latrece Norwood atrece Norwood e of Debtor 1 | false statement, \$250,000, or imp | concealing property, or | obtaining more ears, or both. | | | | | |
| Dat | e J | une 5, 2020 | Date | June 5, 2020 | | | | | | |
| Did: ■ N □ Y | 10 | ttach additional pages to Your Stateme | ent of Financial A | Affairs for Individuals Fili | ing for Bankru | ptcy (Official Form 107)? | | | | |
| ■ N | 10 | ame of Person Attach the Bankru | • | | • | e (Official Form 119). | | | | |

| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|----------------------------------|--|--|--|--|
| Debtor 1 | Staci Latrece Norwood | | | | | |
| Debtor 2 (Spouse, if filing) | Harold Jerrod Norwo | ood, Jr. | | | | |
| United States E | Bankruptcy Court for the: | Southern District of Mississippi | | | | |
| Case number (if known) | | | | | | |
| | | | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | | |
|--------------------------------------|---|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |
| ☐ Check if this is an amended filing | | | | | | | |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Colui Debt | | Debt | mn B or 2 or filing spouse |
|--|---------------|----------------------|-----------------------------------|---------------|----------|------|----------------------------------|
| Your gross wages, salary, tips, bonuses, overtim payroll deductions). | e, and c | ommissi | ons (before all | \$ | 2,719.59 | \$ | 2,867.76 |
| Alimony and maintenance payments. Do not include Column B is filled in. | de paym | ents from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househ and roommates. Do not include payments from a sport you listed on line 3. | ort. Includ | de regula depende | r contributions ents, parents, | \$ | 0.00 | \$ | 0.00 |
| et income from operating a business, rofession, or farm | Debto | r 1 | | | | | |
| oss receipts (before all deductions) | \$_ | 0.00 | | | | | |
| rdinary and necessary operating expenses | - \$ _ | 0.00 | | | | | |
| et monthly income from a business, profession, or f | arm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| et income from rental and other real property | Debto | r 1 | | | | | |
| oss receipts (before all deductions) | \$_ | 0.00 | | | | | |
| Ordinary and necessary operating expenses | - \$ _ | 0.00 | | | | | |
| Net monthly income from rental or other real property | / \$ | 0.00 | Copy here -> : | \$ | 0.00 | \$ | 0.00 |

| Debtor Debtor | | | | Case number | r (if known |) | | |
|------------------|---|---|--|-------------------|-------------|---------------------|-------------|---------------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 o | | |
| 7. | Interest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 | |
| | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the the Social Security Act. Instead, list it here: | | | | | | | |
| | For you | \$ | 0.00 | | | | | |
| | For your spouse | • | 0.00 | | | | | |
| | Pension or retirement income. Do not include benefit under the Social Security Act. Also, excending include any compensation, pension, pay, ar United States Government in connection with a disability, or death of a member of the uniforme pay paid under chapter 61 of title 10, then includes not exceed the amount of retired pay to wif retired under any provision of title 10 other that | ept as stated in the next senuity, or allowance paid be disability, combat-related services. If you received that pay only to the extribit you would otherwise lends. | entence, do by the injury or d any retired ent that it | \$_ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed abord Do not include any benefits received under the under the Federal law relating to the national er under the National Emergencies Act (50 U.S.C. coronavirus disease 2019 (COVID-19); paymer crime, a crime against humanity, or international compensation, pension, pay, annuity, or allowal Government in connection with a disability, comdeath of a member of the uniformed services. If separate page and put the total below. | Social Security Act; paymergency declared by the 1601 et seq.) with respect to received as a victim of all or domestic terrorism; or nce paid by the United Stanbat-related injury or disab | ents made President et to the a war ates oility, or | | | | | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if | any. | + | \$ | 0.00 | \$ | 0.00 | |
| | Calculate your total average monthly income each column. Then add the total for Column A to | | for \$ | 2,719.59 | +\$ | 2,867.76 | | 5,587.35 |
| art | 2: Determine How to Measure Your Dede | uctions from Income | | | | | mo | onthly income |
| | Copy your total average monthly income fro Calculate the marital adjustment. Check one: | | | | | | \$ | 5,587.35 |
| | ☐ You are not married. Fill in 0 below. | | | | | | | |
| | You are married and your spouse is filing to | with you. Fill in 0 below. | | | | | | |
| | \square You are married and your spouse is not fill | | | | | | | |
| | Fill in the amount of the income listed in lir dependents, such as payment of the spou- Below, specify the basis for excluding this | se's tax liability or the spor | use's suppor | t of someone | e other t | han you or you | ır depend | ents. |
| | adjustments on a separate page. | income and the amount of | i income dev | oled to each | i puipos | e. II liecessary | , iist addi | lional |
| | If this adjustment does not apply, enter 0 b | pelow. | • | | | | | |
| | | | \$ \$ | | _ | | | |
| | | | — | | | | | |
| | | | | | | | | |
| | Total | | \$ | 0.00 | <u> </u> | copy here=> | | 0.00 |
| 14. | Your current monthly income. Subtract line | : 13 from line 12. | | | | | \$ | 5,587.35 |
| 15. | Calculate your current monthly income for | - | | | | | | E E07 25 |
| | 15a. Copy line 14 here=> | | | | | | \$ | 5,587.35 |

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| ebtor 1 ebtor 2 | Staci Latrece Norwood Harold Jerrod Norwood, Jr. | Case number (if known) | |
|--------------------|---|------------------------|--------------|
| | Multiply line 15a by 12 (the number of months in a year). | | x 12 |
| 15 | o. The result is your current monthly income for the year for this pa | ırt of the form | \$67,048.20_ |

| Debtor 1 Debtor 2 | | | Latrece Norwood Id Jerrod Norwood, Jr. | | Case number (if known) | | |
|----------------------|---|-----------|--|--------------------------|--|--------------|------------------|
| 16. C | alcı | ulate t | the median family income that applies to yo | ou. Follow these s | teps: | | |
| 10 | 6a. I | Fill in t | the state in which you live. | MS | _ | | |
| 10 | 6b. l | Fill in t | the number of people in your household. | 4 | | | |
| 16 | 6c. F | Fill in 1 | the median family income for your state and s | size of household. | _ | \$ | 69,732.00 |
| | i | instrud | d a list of applicable median income amounts, ctions for this form. This list may also be available. | | e link specified in the separate | · - | |
| | | _ | e lines compare? | | | | |
| 17 | 7a. | • | Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do No | | | | |
| 17 | 7b. | | Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 about 15b is more than 15b. | lation of Your Dis | | | |
| Part 3: | : | Calc | culate Your Commitment Period Under 11 L | J.S.C. § 1325(b)(4 |) | | |
| 18. C | ору | your | total average monthly income from line 11 | 1 | | \$ | 5,587.35 |
| CO | onte | end tha | e marital adjustment if it applies. If you are a at calculating the commitment period under 11 come, copy the amount from line 13. | | | | |
| | • | | marital adjustment does not apply, fill in 0 on I | line 19a. | | -\$ | 0.00 |
| | | | | | | | |
| 19 | 9b. \$ | Subtra | act line 19a from line 18. | | | \$_ | 5,587.35 |
| 20. C | alcı | ulate y | your current monthly income for the year. | Follow these steps | s: | | |
| 20 | 0a. (| Сору | line 19b | | | \$_ | 5,587.35 |
| | I | Multip | ly by 12 (the number of months in a year). | | | | x 12 |
| 20 | 0b. ⁻ | The re | esult is your current monthly income for the ye | ear for this part of the | he form | \$_ | 67,048.20 |
| 20 | 20c. Copy the median family income for your state and size of household from line 16c | | | | | \$_ | 69,732.00 |
| 2 | 1. I | How o | do the lines compare? | | | | |
| | | | ine 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4. | se ordered by the c | ourt, on the top of page 1 of this form, ch | eck box 3, | The commitment |
| | l | | ine 20b is more than or equal to line 20c. Unl | less otherwise orde | ered by the court, on the top of page 1 of | this form, o | check box 4, The |
| Part 4: | : | Sigr | n Below | | | | |
| В | y się | gning | here, under penalty of perjury I declare that th | ne information on tl | his statement and in any attachments is t | rue and co | rrect. |
| X / | /s/ \$ | Staci | Latrece Norwood | Х | /s/ Harold Jerrod Norwood, Jr. | | |
| -; | Sta | ci La | trece Norwood of Debtor 1 | ^ | Harold Jerrod Norwood, Jr. Signature of Debtor 2 | | |
| | • | | e 5, 2020 | | Date June 5, 2020 | | |
| | | MM / | /DD /YYYY | | MM / DD / YYYY | | |
| lf | you | ı checl | ked 17a, do NOT fill out or file Form 122C-2. | | | | |
| lf | you | ı checl | ked 17b, fill out Form 122C-2 and file it with the | nis form. On line 39 | of that form, copy your current monthly i | income fro | m line 14 above. |

Staci Latrece Norwood

| Debtor 1 | Staci Latrece Norwood | | |
|----------|----------------------------|------------------------|--|
| | Harold Jerrod Norwood, Jr. | Case number (if known) | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2019 to 05/31/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

| 6 Months Ago: | 12/2019 | \$2,704.36 |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2020 | \$2,527.24 |
| 4 Months Ago: | 02/2020 | \$2,872.46 |
| 3 Months Ago: | 03/2020 | \$3,883.43 |
| 2 Months Ago: | 04/2020 | \$2,705.21 |
| Last Month: | 05/2020 | \$1,624.82 |
| | Average per month: | \$2,719.59 |

| Debtor 1 | Staci Latrece Norwood | | |
|----------|----------------------------|------------------------|--|
| | Harold Jerrod Norwood, Jr. | Case number (if known) | |

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 12/01/2019 to 05/31/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment**

Income by Month:

| 6 Months Ago: | 12/2019 | \$1,695.28 |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2020 | \$3,884.22 |
| 4 Months Ago: | 02/2020 | \$2,615.17 |
| 3 Months Ago: | 03/2020 | \$2,708.98 |
| 2 Months Ago: | 04/2020 | \$2,610.80 |
| Last Month: | 05/2020 | \$3,692.08 |
| | Average per month: | \$2,867.76 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Mississippi

| In | Staci Latrece Norwood re Harold Jerrod Norwood, Jr. | | Case No. | | | | |
|---|--|--|----------------------|-------------------------------------|--|--|--|
| | _ Ilaiola delloa Norwood, di. | Debtor(s) | Chapter | 13 | | | |
| | | | | | | | |
| | DISCLOSURE OF COMPEN | ISATION OF ATTO | RNEY FOR DE | CBTOR(S) | | | |
| 1. | compensation paid to me within one year before the filing | rsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that mpensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | For legal services, I have agreed to accept | | \$ | 3,600.00 | | | |
| | Prior to the filing of this statement I have received | | | 1,470.00 | | | |
| | Balance Due | | | 2,130.00 | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compe | nsation with any other person | unless they are memb | pers and associates of my law firm. | | | |
| | ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name | | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to ren | n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] | | | | | | | |
| | Negotiations with secured creditors to re reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou | ns as needed; preparation | | | | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding. | | | es, relief from stay actions or | | | |
| | | CERTIFICATION | | | | | |
| thi | I certify that the foregoing is a complete statement of any s bankruptcy proceeding. | agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in | | | |
| | June 5, 2020 | /s/ Thomas C. Ro | | | | | |
| | Date | Thomas C. Rollin | • | | | | |
| | | Signature of Attorne The Rollins Law | | | | | |
| | | 774 Avery Blvd N | | | | | |
| | | Ridgeland, MS 39 | 9157 | | | | |
| | | 601-500-5533 Fa trollins@therollir | | | | | |
| | | Name of law firm | ioninii.com | | | | |
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